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"UNA VOZ, UNA VISION:

TODOS PARA UN FUTURO LLENO DE SALUD"

SURGEON GENERAL'S NATIONAL INITIATIVE ON

HISPANIC/LATINO HEALTH: REGIONAL HEALTH MEETING

PHS REGIONS I, II, and III

(Maine, Vermont, New Hampshire,
Massachusetts, Rhode Island, Connecticut;
New York, New Jersey, Puerto Rico, Virgin Islands;
Pennsylvania, Delaware, Maryland, Washington, D.C.,
West Virginia, Virginia)

APRIL 15, 1993

Newark, New Jersey

Good morning. It's great to be here with you in Newark for the opening day of this historic fourth regional meeting on Hispanic/Latino health. We have waited a long time for this moment, and you all deserve a round of applause for having helped us make it a reality. My thanks and commendations go especially to the chairs and co-chairs--and their staff-- who have done an outstanding job with planning and logistics.

If one thing stands out in my mind about this meeting, it is this: we are not here to talk about who we are and what we know--but to use what we know to change what we are.

My friends, we know too much already.

- We know that today, there are 22 million Hispanics in this country-- two thirds of whom were born here--and that by the year 2000, there will be 31 million of us-- making Hispanics the single largest and youngest ethnic minority in America.

- We know that Hispanics make up 5 percent of the elderly population, have the highest fertility rates in the country, and have larger families than non-Hispanics. And we know that about one fourth of Hispanic families are headed by a single female.

- We know that we are poor, by all accounts: 26.5 percent of Hispanics are living in poverty--with a median family income of $23,000 (as opposed to $37,000 for non-Hispanics). One third of Hispanic children live in families with incomes below the poverty line. Hispanics are at once the most highly employed minority--and the poorest minority living in the United States today.

- We know that Hispanics have the lowest educational attainment in the country. Our school drop out rates are cause for concern:only 53 percent of Hispanics have graduated from high school, and only 1 in 9 have attended 4 or more years of college--as opposed to 22 percent of non-Hispanics. Of the total number of doctorates awarded in the U.S. only 2 percent were awarded to Hispanics.

- And we know we are underemployed. As of 1992, 11.3 percent of Hispanics were unemployed (as opposed to 7.5 percent of non-Hispanics and 6.5 percent of whites). And Hispanics who are employed--the ones who account for over 60 percent of America's labor force--are more likely to be employed in lower paying, less stable, and more hazardous occupations than non-Hispanics.

- We also know, unfortunately, that we are the working poor: accounting for one third of Hispanics who lack health insurance, despite the fact that there may well be an adult worker in the family.

- Finally, we know that when it comes to understanding our own political empowerment, in terms of citizenship and exercising the right to vote, we have some ways to go.

  <u>When we look at who among us are U.S. citizens,</u> we find that in 1990, there were more than 5 million Hispanics--or 4 out of 10--who could not vote because they were not U.S. citizens. Almost 50 percent of us did not vote due to non-citizenship status. This is in marked contrast to non-citizenship voting rates of 11 percent for whites and 8 percent for African Americans.

When we look at who among us votes, we find, first, that the Hispanic population grew by over 50 percent in the last decade. We also know that 20 percent of that growth was in the very group of 18- to 24-year-olds who make up our majority (35 percent of Hispanics)--the group known to cast the least number of votes. In marked contrast, just 14 percent of the population as a whole does not vote.

Similarly, older Hispanics account for only 19 percent of those aged 55 years and older who make up the largest group of voters in this country. Again, this is in marked contrast to the 30 percent of the population as a whole who cast the most votes.

So what does this mean? It means that if our future 31 million are truly to have true political empowerment, both the youngest among us (who are now, the majority)--and the oldest among us (who are now, the minority) must begin first, to seek citizenship, and second, to exercise the power of the vote. Only then, will our collective voices have the power that comes from true unity and accountability.

This is who we are today, and this is what we have known for the longest time. The time has now come to turn this knowledge into action-- in every region of the country.

In the three regions you represent today, I, II, and III, we have 14 states, plus Puerto Rico and the Virgin Islands.

As you well know, this is a sizable chunk of the country--with over one half million Hispanics in Region I, 6.5 million Hispanics in Region II, and over one half million Hispanics in Region III.

I believe that the time has come for these 7.5 million voices to be accounted for--and counted in.

When we look at the key issues in these regions, we see concerns that resonate in areas throughout the nation:

- There are hundreds of thousands of people living below the poverty line in these regions; the unemployed and the working poor are both lacking adequate health insurance.

- Hispanic women are more likely to have late or no prenatal care--(however, among Mexican American women, in general, we see high rates of teen pregnancies, but lower rates of premature deliveries and low birth weight.)

- Undocumented immigrants, including some migrant workers--are fearful of deportation, and avoid seeking routine health care. And since there is no real tracking system for migrant health workers (the majority of whom are of Hispanic origin), we find some of them too late and offer them too little.

- There is no health department region-specific preventive health promotion campaign--one that we can make sense of--with words we can understand, with actions we want to follow.

- Precious little data is available on the diseases that kill us--the likes of obesity, hypertension, heart disease, diabetes, and cancer.

- We know that alcoholism and cirrhosis are prevalent among Hispanics, particularly among Mexican Americans and Puerto Ricans; that lung cancer rates among Chicanos doubled from 1970 to 1980; that the incidence of tuberculosis is four times greater for Hispanics than whites; and that unintentional injuries were the leading cause of death for Hispanic youth, 15 to 24 years old.

- There is a shortage of trained physicians, health care professionals, and health care facilities in areas where Hispanics live and work.

- There are not enough state, local, and/or federal programs (such as scholarships, mentor programs, public/private partnerships) targeted to Hispanics. As a consequence, few Hispanics are being trained, retained, and recruited for good jobs.

- And there is no focal point or clearinghouse for Hispanic/Latino research efforts--currently, activities and programs are scattered and decentralized throughout these regions.

These are the more global issues that have brought us to this conference. When we look at the three regions in greater detail, based on the limited data on Hispanics available, we see a number of specific issues and problems. Let me highlight some of our many separate yet collective realities:

- When we look at who among us are poor in the three regions, we find that poverty strikes Hispanics/Latinos in every state. In Massachusetts, over half (52%) of all Hispanic children under the age of five and one in four of the elderly (ages 65-74) are poor. In New York, poverty is a fact of life for 42% of those young children and 29% of the elderly. In Pennsylvania, poverty affects Hispanics at three times the rate of the overall population (across all age groups).

My friends, the hand of poverty overturns our cradles and rocking chairs alike: how long before we are finally to be comforted by the steady rhythms that only prosperity can bring?

- It is truly unsettling that we continue to be so poor--while we remain so hardworking. In Maine, 9 out of 10 Hispanics (males and females alike) are employed. The same is also true in New York, Pennsylvania, and West Virginia.

- When we look at who among us are getting educated (1990 data), we see that in Maine, 84% of Hispanics are high school graduates and 24% have completed higher education. In New York, however, the picture is markedly different--only half of Hispanics have graduated from high school and only 9% have completed higher education. And in our nation's capital, only 50% of Hispanics have a high school diploma!

Region I Data

Let me turn now to the facts and issues of particular concern to us in Region I--Maine, Vermont, New Hampshire, Rhode Island, Massachusetts, and Connecticut. Contrary to popular belief--yes, there are Hispanics in New England--about a half million of them--coming primarily from Puerto Rico and the Dominican Republic, with a significant number from Cuba and Mexico as well.

As we have seen time and again, Hispanics in the region tend to be underemployed, undereducated, and underinsured, relative to the rest of the population.

- A look at poverty in Region I is very telling: in Connecticut, 22 percent of Hispanics live below the poverty line; in New Hampshire, that figure is 25 percent, in Massachusetts, it's 29 percent; in Rhode Island, it's 32 percent, in Vermont, it's nearly 37 percent, and in Maine, fully 40 percent of Hispanics live in poverty.

Oddly enough, access to health care is worst in the region's larger cities, because there are an overwhelming number of hospitals and teaching hospitals--most of which do not have culturally specific or culturally competent services. As a result, many Hispanics are simply intimidated to go to these places for treatment and care. And therefore, they wait until it is too late to seek services and eventually most do so in the emergency rooms.

New Haven, CT Data

- When we look at New Haven, home to the illustrious Yale University-- we see a city plagued by serious health problems that are, sadly, very typical of America's inner cities. Problems that cannot go away overnight, or "be fixed" next month, or next year--a high infant mortality rate, a high proportion of pediatric AIDS cases, and inadequate immunization.

  -- The infant mortality rate in New Haven has continued to remain high over the past five years. This critical problem stems mainly from a lack of adequate community-based provider services--and in particular, inadequate prenatal care, and a higher prevalence of teenage mothers--two patterns typically associated with poverty.

  -- In 1989, 18 percent of all infants born in New Haven were to teenage mothers--7 percent to white mothers, 23 percent to African American mothers, and 28 percent to Hispanic mothers. By comparison, only 7 percent of white infants in the entire state of Connecticut were born to teenage mothers.

  -- Although the incidence of AIDS in Connecticut is 18 per 100,000, in the city of New Haven it is 5 times higher. According to recent estimates, 7.4 percent of African American adults and 5 percent of Hispanic adults in New Haven may already be HIV positive.

When we look at pediatric AIDS cases, Connecticut ranks 10th in the nation in terms of total numbers. (As of October 1992, there were 32 cumulative cases of pediatric AIDS in the city of New Haven--which translates to 36 percent of all state pediatric cases.)

Connecticut also ranks among the top six states for the overall rates of HIV in childbearing women. (For the period 1989-1991, in New Haven, 1 in 67 live births were to an HIV-infected mother--specifically, 1 in every 170 births to white mothers, 1 in 40 births to African American mothers, and 1 in 100 births to Hispanic/Latino mothers.)

-- Many New Haven children also lack adequate vaccination. A recent survey of 810 New Haven children who entered the first grade in 1991, found that only 53 percent had completed the required series of vaccinations--compared with 63 percent of children statewide. More than 60 percent of these children qualified for the free lunch program--a telling indicator of poverty levels. (Of the children surveyed, 59 percent were African American, and 19 percent were Hispanic.)

Clearly, we need to do a lot better, on all these fronts.

But all is not bad. We also have some good news, some positive data:

o In the political arena, the Puerto Rican/Latino Voter Registration Task Force was recently formed by the Worcester, Massachusetts Latino Health and Human Services Coalition. The organization was formed in response to ongoing complaints by legislators that it was hard to take Hispanic groups seriously when they do not vote or participate in the election process.

This initiative worked in conjunction with the Office of Puerto Rico Affairs to build up trust by Hispanics in both the system and elected officials, to encourage their voting, and to deputize Hispanics to register voters.

Their efforts were successful during the last round of elections and the initiative is becoming a model for other Hispanic communities in Massachusetts.

- Also, in Massachusetts, the Secretary of Education and the Deputy Secretary of Education are both Cuban Americans. State Commissions and Governors' Cabinets are collaborating to improve status of Hispanic labor and education and health.

- The Rhode Island legislature passed a bill in July 1992 levying a tax on smokeless tobacco, pipe tobacco, and cigars (20 percent of these products' wholesale cost). The State Department of Health and the State Office of Substance Abuse are using the revenues (estimated to be a half million dollars annually) to fund community-based health-related grants and programs geared toward minority populations in such areas as violence and abuse, teen pregnancy, and access to care.

- Maine is making headway with some of the problems associated with migrant and seasonal farmworkers. The state has approximately 7000 migrant workers annually, of which 95% are minorities (25-30% are Hispanic).

- Maine has been successful in trying to meet their special health needs by providing integrated service delivery -- the most notable occurring around the blueberry harvest. During this time, model health centers like the Rakers Health Center in Columbia, Maine provide health clinic services, WIC, General Assistance, Social Security, Food Stamps, Migrant Education, Head Start, and legal assistance. Beginning this summer, the health clinic will become mobile, which will further increase its effectiveness.

Region II Data

Let me turn now to some of the highlights of issues in Region II--made up of New York, New Jersey, Puerto Rico, and the Virgin Islands.

- Right here in Newark, where 1 in 4 city residents is Latino, 28 percent of those Latinos lives below the poverty level.

- Right across the river in New York City, also where 1 in 4 City residents is Latino, AIDS is the leading cause of death among Hispanic/Latinos between the ages of 25 and 44. This group accounts for 28 percent of the cumulative adult AIDS cases in the city.

- In New York City, Latino women represent 33 percent of the cumulative AIDS cases among female adults; and Latino children represent 37 percent of the cumulative pediatric AIDS cases. If infection rates continue, it is estimated that by 1993, there will be over 100,000 children--many of whom are likely to be Hispanic/Latino--who will be orphaned as a result of a parent dying of AIDS.

- In New York City, 27 percent of the residents are poor--with almost three fourths of all Latino families either poor or near poor--compared with less than one third of white families.

- In New York City, Latinos report the highest proportion of only fair to poor health of all groups in the city. Latino infants have far higher rates of hospitalization than African American or white infants--rates that are about 20 percent higher than that of African American and nearly twice as great as that of white infants.

As these telling statistics make plain, New York City's Hispanic/Latinos--especially those who are economically disadvantaged--bear a disproportionate share of health difficulties.

In Puerto Rico and the Virgin Islands, Hispanics also suffer from a variety of health difficulties. As a daughter of Puerto Rico, I am saddened to tell you that:

- Puerto Rico ranks among the top five regions in the world with the highest number of AIDS patients.

- Almost 60% of the population in Puerto Rico lives in poverty, and over 20% of men and women are unemployed.

- A 1990 survey found that 22% of Puerto Rican teenagers aged 16 to 19 were high school dropouts. Of these, 87% were unemployed or not in the labor force. And only 35% of the population over 25 years of age have completed high school.

Virgin Islands

- In the Virgin Islands, new AIDS cases have been increasing by 300% per year since 1990.

- In the Virgin Islands, only 1 in 5 Hispanics over age 25 have completed high school (as compared to 1 in 4 in the total population). The number of Hispanics who have completed higher education is about half that of the overall population (8.2% vs. 15%).]

Region III Data

Let me now highlight some of the issues that are prominent in Region III--made up of Pennsylvania, Delaware, Maryland, Washington, D.C., West Virginia, and Virginia-- where about 2% of the population are Hispanic--the most living in D.C., the least living in West Virginia. High rates of poverty and low educational status, are once again the norms for Hispanics living there.

When we look at data from some of the representative cities in this area, we find that:

- In Philadelphia, the highest percentage of non-immunized children are Latino (less than 28% of Latino children in Philadelphia have been immunized).

- In Philadelphia, the vast majority of Latino families reside in an area where the highest concentration of lead poisoning in children occurs.

- In Philadelphia, 14 percent of all Latino males hospitalized in the city were hospitalized for treatment related to drug abuse.

- In Baltimore, many Latinos are first generation immigrants who do not speak English--this creates an additional barrier to access of needed health care services. Prenatal care and health care for children is one of the biggest health needs in the area.

- In Delaware, non-English speaking Hispanics cannot take advantage of limited drug treatment services available because none are offered in culturally sensitive or linguistically appropriate settings and formats.

- In Washington D.C., we find the highest incidence of AIDS per capita in the U.S., and AIDS is a particularly serious threat to the Latino community in our Nation's capital, especially for Latino women. Although typically only 20% of AIDS victims are women, the risk of acquiring AIDS is more than eight times greater for Latino women than for white women.

  It is known that in certain Washington, D.C. hospitals 1 in every 6 African American males between ages 15 to 24 is HIV positive--that's nearly 20 percent. And, in these hospitals, 1 in every 20 African American females in the same age group is HIV positive--and this rate is increasing.

- In Washington, D.C. there is a lack of strategic planning for Hispanics in each of the political jurisdictions --D.C., Maryland, Virginia--each with their own, often disparate priorities.

Well, between good news and bad news, I'm afraid that I've given you quite a lot to think about--but the fact is, I've only just scratched the surface. We haven't even begun to assess other deeper, more serious realities-- because, as is the case in all the regions, we continue to have tremendous difficulties in collecting data regarding Hispanics.

But that should come as no surprise to us. It was not until 1989 that the model birth and death certificate included a Hispanic identifier. There is a lack of Hispanic identifiers in 20 states, uncertain reporting in 30 others, samples too small to use for analysis, and a 10-year gap between data collection.

This lack of comprehensive data on Hispanic/Latinos is one of the biggest barriers we face in overcoming the inequities and disparities of Hispanic/Latino health. Without realistic, culturally sensitive and culturally responsive data on Hispanic/Latinos in every state, we cannot begin to make accurate assessments and reasonable predictions about the true status of Hispanic/Latino health.

The consequences of this poor data collection have a trickle down effect--with long-term implications for each of our other key agenda issues: access, representation, research and prevention. And of course, with implications for the health and well being of our future--and our children's future.

Access

For example, when we speak of increasing access to health care services and insurance coverage for Hispanic/Latinos, we must make policymakers understand what this poor data collection and its trickle-down effect does to us.

For example:

- How can state health directors justify the need to hire more Spanish-speaking physicians, dentists and nurses, or extend the hours of local clinics-- when they don't have any statistics on the makeup or the ailments common to Hispanic/Latinos living in the communities and the region served by these clinics?

- How can all the experts and analysts, the policymakers and the legislators even begin to trim the costs and broaden the reach of public health care and insurance coverage for our Hispanic/Latino population--when they don't have adequate data on the makeup and coverage of the working poor? The fact remains, that in families with adult workers, only 57 percent of Hispanics (as opposed to 84 percent of white, Non-Hispanics) have private insurance coverage.

- How can health care reform advocates hope to raise the standards of primary medical care and services for our poor and uninsured Hispanics--when there are no data documenting the extent of emergency room use and hospitalizations for ailments and injuries typically treatable -- even preventable--under routine care?

As a group, we Hispanics face a double burden regarding access to health care. It is bad enough that as a whole, we do not receive adequate health insurance in our types of jobs, but because our incomes are on average so low, most Hispanics also are unable to afford private insurance. And, to make matters worse, because we tend to have larger families than others, our spouses and children must suffer the consequences of this lack of coverage and health care.

Over one fourth of Hispanics (or 5.6 million) in this country are eligible under Medicaid. Yet in 1991, while 29 percent of the nation's Hispanics lived in poverty, only 17 percent received Medicaid, and only 4 percent received Medicare. Why? For one thing, states with high concentrations of Hispanics have stringent Medicaid eligibility criteria, determined by each state.

What's more, in a culture dominated by honor and pride, there is a pervasive fear of getting involved in a health care system where the language is not understood, where the forms are too long, and where the people behind the windows may seem to be judging more than caring.

For too many Hispanics--especially for those with little education and who know very little English-- participating in routine care and disease prevention might be intimidating. Everything from the act of supplying one's name, address and social security number--to explaining the problem-- might arouse fear in those who have never encountered such an approach to care--but which is deemed routine--and essential--to our current system.

For Hispanics, this lack of coverage translates into infrequent use of preventive services (such as Pap smears, blood pressure checks, and breast exams), infrequent use of critical obstetric care, and greater numbers of us with advanced diseases and more complicated conditions resulting from medical diagnoses that are made too late. For the most part, these problems are primarily caused by their "fear of the system" mentality and use of the emergency room as their primary source of medical care.

- In addition, our *ancianos*, the Hispanic elderly, are more likely to depend on family members for post-hospital care and assistance for daily living activities. Only 83 percent of elderly Hispanics (as opposed to 96 percent of all elderly people nationwide) are covered by Medicare--which pays about half of the health care expenses of those who are non-institutionalized. This means, unfortunately, that ailing elders living at home (which is the norm in our culture) impose an additional financial burden on those who are caring for them.

Increasing Representation

And when we look at the issues of increasing representation--of stepping up recruitment, of training, and of hiring to increase the numbers of Hispanic/Latinos:

- How can our university presidents and deans be encouraged to draw more Hispanic students into the health and science professions--when the underlying problems of illiteracy,poverty, absent role models, family erosion, problems with acculturation, and the like are not accounted for, are not recognized, and are not documented?

  We must not fail to ask ourselves why.

  Why--In the presence of 22 million Hispanics-- is it that only 850,000 Hispanics are enrolled in colleges and universities today? And why is it that, out of the total number of Hispanic college students-- 223,000 are enrolled in California, 148,000 are in Texas, and 150,000 are in Puerto Rico? Why are only 229,000 Hispanics in college in the remaining 48 states-- when we are 22 million people? And why is it that in 1990, Hispanic-Americans made up only 5.6 percent of all first year students enrolled in U.S. medical schools--with 2 percent in nursing and 1.7 percent in PhD programs?

  Why?!

Colleagues, the answer is that we cannot produce professionals if we do not train professionals. And we cannot recruit professionals If we do not invest early in educating and training them.

- By the same token, how can our CEOs and industry leaders increase the numbers of Hispanic/Latinos in supervisory and management positions--when we are not being trained in the numbers that are required? And even worse--when the pervasive stereotypes that portray all Hispanics as poor, ignorant, lazy, undocumented immigrants who speak with an incomprehensible accent hold sway over the facts and statistics?

  Please remind them instead, that Hispanics possess all those "typically American" attributes that we have all heard about before: patriotism, a strong work ethic, religious faith, and strong family values--we were born family and we will die family! And remind them as well that the largest number of Congressional Medal of honor winners came from the Hispanic community, and specifically from the Mexican American family.

Research

When we speak about intensifying our research efforts relevant to the health of Hispanic/Latinos:

- How can our researchers focus on the diseases that are killing Hispanic/Latinos--HIV/AIDS, cancer, tuberculosis, diabetes, and heart disease--when epidemiologic data is sparse at best, or nonexistent at worst?

- How can our research institutes and agencies begin to shift funding in the direction of Hispanic/Latino health, when so little is known about the nature, and severity, and prevalence of the very areas that warrant the greatest research dollars?

In the absence of true, factual numbers, my friends, we will never be served adequately nor represented fairly. Quotas based on perceptions in place of realities-- have not helped in the past and will not help in the future.

Health Promotion and Prevention

When we speak of turning the tide toward prevention--for a more comprehensive approach to health reform:

- How can public health officials and prevention activists awaken the public and the media alike to increased awareness and sensitivity to Hispanic health and prevention issues--when we lack data on Hispanic knowledge, attitudes and practices regarding health promotion and disease prevention? When a large group of us is fatalistic, and we Hispanics have never been taught that the concept of a healthy lifestyle is the key to getting ahead, to staying strong, to fostering our proud heritage?

- How can physicians, trained in the business of curing, begin to recognize the potential long-term health benefits of preventive medicine--when our health care system is preoccupied with measuring increases in life expectancy instead of promoting and rewarding prevention as a way of increasing healthier, more productive lifestyles?

  When our health care system does not have enough Hispanic health care providers to go around? When physicians must be reminded that behind every statistic is a face--be it brown, white, yellow or black--that seeks compassion and care--someone who may not be able to pay--even though he or she works harder than most, and whose honor and pride are as important as life itself?

My friends, what we are seeing--and what we haven't begun to measure and document in this region alone-- is yet another reflection of the disparities that have affected the health and well being of Hispanic/Latinos across the country.

In my view, the greatest hope for Hispanic/Latinos in the future lies in getting organized--comprehensively--and in thinking, feeling, and acting as one. Speaking with one voice, in the presence of multiple cultures. But most importantly, in helping people remove the stereotypes that are killing us.

Our hope also lies in gaining greater access to reliable, affordable, community-based health care services--with coverage that is comprehensive, under one roof, and available to all who need it. And we will need more translators, not only of the language, but of the culture--with a view to understanding not only our pressing health concerns--but the critical issues of cultural dislocation and assimilation, poverty, illiteracy, and the language barrier that dominate much of Hispanic life in America today.

As you are well aware, based on these pressing needs, and on behalf of all Hispanics living in this country, 200 Hispanic leaders met in Washington, D.C. last September.

We spent three days leading the Surgeon General's National Workshop on Hispanic/Latino Health, the results of which are already having tremendous implications for the health and welfare of every Hispanic/Latino man, woman, and child in this country.

For the first time ever, at that landmark workshop, leading Hispanic/Latino health officials, community and program leaders, educators, and researchers--came together--not as Mexican Americans or Puerto Ricans, or Cubans, or Central/South Americans--but as one body--TODOS--to discuss, plan, and collaborate with Federal government officials to develop a plan that was to become the blueprint of our National Hispanic/Latino health agenda for years to come.

We all learned a great deal about ourselves in those three days--and emerged with a more informed perspective and a more focused profile of what it means to be Hispanic in this country. We discussed improving access, increasing representation, improving data collection strategies, developing a comprehensive research agenda, and ways to promote health and prevent disease.

Today, I am here to share with you the results of that meeting and to encourage you to turn those results into a realistic plan of action that will get specific results in Regions I, II, and III.

Your commitment and that of the organizations and institutions you represent here today is critical to the success of our initiative. With the regions' collective commitment, we can bring the very best knowledge and resources to bear for each of our five key agenda issues--but this time, with eyes toward the future.

What did we conclude in the Surgeon General's workshop, you may ask? What implementation strategies will have repercussions for decades to come? Where do we go from here?

- First, according to the collective voice of the group, Hispanics need greater ACCESS-- we should aim to develop more comprehensive health insurance coverage that promotes an integrated system of care and service delivery--coverage and services under one roof, community based and family centered; affordable, accessible, open to choice, secure, portable, with easy enrollment, non-biased to preexisting conditions, and with broad coverage eligibility; and most importantly, coverage that is culturally responsive and culturally responsible.

- Second, Hispanics are going to need DATA--data that for Hispanic/Latinos are either unavailable or inaccessible, but data that are in critical demand. It is vital to include all subgroups of Hispanics in all pertinent Hispanic data. These data should be high-quality, precise, timely, and culturally sensitive in their design, collection, and analysis. And these data must be analyzed and standardized for use in understanding Hispanic health concerns; and coordinated appropriately among Federal and state agencies.

- Third, Hispanics need greater REPRESENTATION-- there are insufficient numbers of people, programs, and finances for the entry, retention, and graduation of Hispanic/Latino health professionals. We must strive to increase the participation of Hispanic professionals in the admissions process, train such personnel in cultural diversity, and employ consistent definitions of Hispanics for admission criteria to health professions.

  Moreover, we must increase, where appropriate (or include, where lacking) the number of Hispanic health professionals in faculties, at advanced level career positions, on decision-making bodies, in the licensing certification process, and in health professional school accreditations.

  We must also increase the number of Hispanic Centers of Excellence to broaden their base, and evaluate them accordingly. We must provide greater support early in the process to teachers, and students and offer more in the way of mentorships.

- Fourth, Hispanics must be the subjects of--and be participants in--more RESEARCH-- research relevant to the health of Hispanics/Latinos is extremely scarce. We must also develop the appropriate infrastructure and capacity to conduct such research, as well as culturally appropriate research theory and methodology. We need greater numbers of Hispanics in all fields of research; and we must recruit, train, and retain Hispanic/Latino scientists throughout the Public Health Service.

- Fifth, Hispanics must get involved in PREVENTION--we lack a systematic response to the full range of preventive services for Hispanics/Latinos; accordingly, we must have more Hispanic/Latino professionals in decision-making and leadership positions in the prevention field. Moreover, our efforts in health promotion and disease prevention must be culturally relevant; and we need to awaken the media to increased awareness and sensitivity to Hispanic health and prevention issues.

  We also lack data on knowledge, attitudes, practices, and utilization of screening services by Hispanic subgroups. And the Healthy People 2000 objectives have neglected to address multiple health issues that are relevant to Hispanics.

To be sure, I have listed a very lengthy series of issues--all of them complex and diverse--and all of them a priority. But we cannot let the magnitude of these concerns overwhelm us. That is why we are here today, and why we will be meeting again at last of the regional meetings--in Los Angeles.

It is up to us to acknowledge these serious problems and their corresponding strategies--and tailor them realistically to solve some of the key issues in each region. This is not going to be done overnight, nor in a few months. It could well take years before we see some full blown results.

Yes, progress is slow, by all accounts. But continuing neglect and complacency erodes any chance for progress. If we do not act today to set our agenda process in motion, our tragic fate will be that not only will we not see our brothers and sisters advance in our lifetime, but neither will our children--nor their children.

Let me close by reminding you that the Hispanic community is diverse, very family oriented, very strong, yet, at times, vulnerable. Hispanics have succeeded against tremendous odds time and again. As a group, we have contributed to making this country strong and diverse, and we have enriched the lives of young and old alike through our many talents in every field.

Together, as Hispanics, and as Americans--we CAN make a difference, starting today. For, in the words of the great sage, Hillel, who lived in the 2nd century, "If WE are not for ourselves, WHO are we? If we are ONLY for ourselves, WHAT are we?"

As part of this glorious mosaic that is our Hispanic family, I urge us all to make our minds and hearts converge on one important goal: to remember WHO we are, and to show America WHAT we are. AMERICA, it is time you do not forget us!

As we navigate the uncharted paths ahead, let us remember that INTELLECT alone cannot be our compass; without KNOWLEDGE, there can be no CHANGE; and without HEART, there can be no DIGNITY.

Lideres del futuro: I urge you to **think clearly, act decisively,** and **care tenderly.** Gracias. Adelante TODOS!